

ALL ABOUT SEXUAL PROBLEMS

WHAT ARE THEY?

*Sexual problems in patients with multiple sclerosis (MS) are defined as those emotional/psychological and physiological disorders that **make it difficult to maintain a sexual relationship with a partner.***

Sexual dysfunction (sexual problems) is a **disorder that is frequently** associated with MS and contributes to a decreased quality of life in these patients.

MS **does not prevent men and women from becoming fathers and mothers**, although sexual problems can make fertility

difficult. These problems can be satisfactorily treated with medication and/or with therapies developed by a psychologist/sexologist/psychiatrist.



WHAT ARE THE SYMPTOMS?

Although normal sexual function changes throughout life, experiencing MS can affect a person's sex life **in different ways.**

MS can affect expressions of intimacy in the following ways:

- **Primary sexual dysfunction:** is a direct result of neurological changes that affect sexual responses. Can cause a decrease in or loss of sex drive, decreased or uncomfortable genital sensations and a reduced ability to reach orgasm.
- **Secondary sexual dysfunction:** is due to symptoms that do not directly affect the genitals, like bladder or intestinal problems, fatigue, spasticity, muscle weakness, shakes in the body or hands, lack of attention and concentration and non-genital sensory changes.

(•) **Tertiary sexual dysfunction:** is derived from psychosocial and cultural factors related to the disability that can interfere with the sexual feelings and experiences of each person. The fact that a disabled person cannot maintain sexual relationships is stigmatized in our society, which is why the patient's sex life may be affected.

Men most frequently report symptoms like:

- Reduced ability to get and maintain an erection.
- Difficulty achieving orgasm.
- Reduced penile sensitivity.

In **women**, symptoms can include:

- Partial or complete loss of libido (sexual desire)
- Reduced vaginal lubrication and sensitivity.

WHY DO THEY OCCUR?

In the case of people with MS, it is necessary to take into account the various causes of sexual problems: on the one hand, **the emotional and psychological burden** of suffering from MS can be so great that the patient may not get excited or feel any desire in response to a physical demonstration of love and tenderness from his or her partner. On the other hand, it is possible that the disease itself, or the **disorders caused by the MS**, can make sexual activity a problem.

Frequently, **both factors are involved**. Some patients worry about sexual activity because they think it will require too great of an effort and that their MS will worsen, or that they will suffer a new disease episode. This concern is completely unfounded.

It is important to place sexual problems in a **global context** within the MS patient's life and the life of their partner and, possibly even the lives of the whole family, instead of facing them as a personal problem.



There are different symptoms associated with MS that **indirectly cause sexual problems** in patients:

- **Fatigue** and weakness can decrease desire and sexual activity.
- **Spasticity** can cause cramps and intense spasms (involuntary muscle movements) in the legs, making it difficult to get into comfortable positions during sex.
- **Pain** can hinder feelings of pleasure during sex.
- **Problems caused by the bladder and intestinal problems** cause discomfort during sex.

HOW FREQUENTLY DO THEY OCCUR?

It has been observed that sexual dysfunction occurs in approximately **43-63% of MS patients**.

TREATMENTS

There are different treatments available for sexual dysfunction. Your doctor will determine whether any of them fit your needs.

In the case of men, **erectile dysfunction can be treated with:**

- Oral medications: that relax smooth muscles in the penis and help with maintaining an erection; these include tadalafil, sildenafil and vardenafil.
- Injections and self-injections in the penis.
- Urethral suppositories.
- Creams and gels.
- Vacuum tube and elastic ring.
- Latex penises.
- Shaped latex vibrators.

Penile prostheses: semi-rigid (surgically implanted and can carry substantial complications) or inflatable (through pumping of liquid).

In the case of women, the problems that require treatment are **dryness and vaginal stenosis:**

- The simplest method to counteract vaginal dryness is to use abundant quantities of **water-soluble lubricants**. If dryness persists, even with the use of lubricant, a larger dose may be needed.

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